

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 742619

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** THE GRACE MEMORIAL HOUSE OF PRAYER FOR ALL PEOPLE, CHURCH ON THE ROCK OF THE APOSTOLIC FAITH, FLORIDA DIVISION, INC.

**Current Principal Place of Business:**

7511 NW 7 AV  
MIAMI, FL 33142 US

**New Principal Place of Business:**

**Current Mailing Address:**

7511 NW 7 AV  
MIAMI, FL 33142 US

**New Mailing Address:**

**FEI Number:** 59-1824751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLT, ROBERT  
1604 N.W. 11TH STREET  
FORT LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HARRIS, NOBLE  
Address: 1177 N.W. 30TH AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: VD ( ) Delete  
Name: HARRIS, BEULAH  
Address: 1529 N.W. 52 ST.  
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete  
Name: HARRELL, CORA  
Address: 313 PIPPEN RD  
City-St-Zip: DANIA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: LANE, MATTIE  
Address: 1813 N. W. 15TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOBLE HARRIS

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date